



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

3. Generator's Name and Mailing Address

INDUSTRIAL CORPORATION
101 E. 10TH ST
INDIANAPOLIS, IN 46202

4. Generator's Phone

317-630-1100

5. Transporter 1 Company Name

METRO

6. Use EPA ID Number

IND-12479-0014

7. Transporter 2 Company Name

8. Use EPA ID Number

9. Designated Facility Name and Site Address

AMERICAN CHEMICAL
400 S. COLFAX
GRIFFITH, IN 46341

10. Use EPA ID Number

IND-012-0025

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. 20 LIT FLAMMABLE LIQUID (FLAMMABLE LIQUID)

b. 20 LIT FLAMMABLE LIQUID (FLAMMABLE LIQUID)

c. 20 LIT FLAMMABLE LIQUID (FLAMMABLE LIQUID)

d. 20 LIT FLAMMABLE LIQUID (FLAMMABLE LIQUID)

J. Additional Descriptions for Materials Listed Above

WASTE PAINT

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name

Signature

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MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

SHIPPER NUMBER
10 : 0646810

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/ SHIPPER	D016702N	GENERAL ELECTRIC COMPANY PO BOX 1000 SHELTON CT 06484-1000	11-24-
TRANSPORTER # 1	D016702N	GENERAL ELECTRIC COMPANY PO BOX 1000 SHELTON CT 06484-1000	
TRANSPORTER # 2 (if required)	D016702N	GENERAL ELECTRIC COMPANY PO BOX 1000 SHELTON CT 06484-1000	
TSDf TREATMENT STORAGE OR DIS- POSAL FACILITY	D016702N	GENERAL ELECTRIC COMPANY PO BOX 1000 SHELTON CT 06484-1000	
TSDf TREATMENT STORAGE OR DIS- POSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WTVOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
80045	X	1505	FLAMMABLE LIQUID	1103				1409%		
SPECIAL HANDLING			<p>found between Industrial Enclosure & Justin Mill</p> <p>Inland Steel Container?</p> <p>7/13/94</p>							
COMMENTS			<p>On "Collect on" must appear before consignee's name or address</p>							
REMIT C.O.D. TO: ADDRESS			COD			<p>D.D. FEE: PAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$</p> <p>TOTAL CHARGES: \$</p> <p>FREIGHT CHARGES</p> <p>FREIGHT PREPAID except when box at right is checked <input type="checkbox"/></p> <p>Check box if charges are to be collected <input type="checkbox"/></p>				
<p>Note—Where the rate is required to state the declared value of the cargo, the agreed or decided value shall be specifically stated by the shipper.</p> <p>1982</p>			<p>The shipment moves between two ports by water, the law requires that the carrier shall state whether it is a water or land shipment.</p> <p>Signature _____</p> <p>(Signature of Consignor)</p>							

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment,
storage or disposal.

GENERATOR'S SIGNATURE

DATE _____

TSDF SIGNATURE

DATE _____

HAZARDOUS WASTE MANIFEST

#101

MANIFEST DOCUMENT NUMBER

Po# 23163-590

SHIPPER NUMBER

LANDGREBE MIDICE TRANSIT

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER	IND001751	LANDGREBE MIDICE TRANSIT 771-771-0095	
TRANSPORTER #1	IND007418,4	SK 130 VALLIARMO IN 46313	
TRANSPORTER #2 (If required)			
TSDT TREATMENT STORAGE OR DIS- POSAL FACILITY	IND01670765	AMERICAN CHEMICAL SERVICE 201 474 4370 410 S CEFAR AVE GRIFFITH IN 46319	5/13/82
TSDT TREATMENT STORAGE OR DIS- POSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT	TOTAL NTITY	RATE	CHARGES (For Carrier Use Only)
39				1593						

SPECIAL HANDLING INSTRUCTIONS

If an RO... a waterway or adjoining land, the incident must be... the Federal government at 1-800-424-8802 (toll free) or 202... If other DOT Hazardous Materials are discharged creating a... call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED

Yes ☐ No ☐

REMIT
C.O.D. TO:
ADDRESS

COD

Amt: \$

C.O.D. FEE:
PREPAID ☐
COLLECT ☐ \$

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:

\$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is 'carrier's or shipper's weight.'"

Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

TOTAL
CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID ☐ Check box if charges are to be collected
except when box at right is checked ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE

DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

TSDT SIGNATURE

DATE

TO 211 RT-50 600M
6:30 PM TSDT COPY

On dock 5/13/82 6PM

003632

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER	IND000002734	GUIDELAND INC. 317-646-4341	11/15/94
TRANSPORTER # 1	IND0078011146	CLARK & SONS INC. 317-646-3245	11/15/94
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND0011350	ALTERNATE SERVICE 317-646-4341	11/15/94
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE 4370	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or	FLASH POINT (IN °C) HEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
60 X			EX-METAL WASTE DGC 15-1-1000 Equide 11/12 7/13/94				3300 504		

SPECIAL HANDLING INSTRUCTIONS

If an RC commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

PLACARDS TENDERED

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

Yes ☐ No ☐

REMIT
C.O.D. TO:
ADDRESS

COD

Amt: \$

C.O.D. FEE:
PREPAID ☐
COLLECT ☐ \$

TOTAL
CHARGES: \$

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding
\$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

FREIGHT CHARGES

FREIGHT PREPAID ☐ Check box if charges are to be correct
except when box at right is checked

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDF SIGNATURE

DATE

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER	IND0000000000	CHRYSLER FINANCIAL CORP. 317-440-4301	11/18/81
TRANSPORTER #1	IND0000000000	CHRYSLER FINANCIAL CORP. 317-440-4301	11/18/81
TRANSPORTER #2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND0000000000	ALTERNATE	11/18/81
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
11	X		FLAMMABLE LIQUID (UNCLAS)							

SPECIAL HANDLING INSTRUCTIONS

If an RC commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

PLACARDS TENDERED

Yes ☐ No ☐

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

REMIT C.O.D. TO: ADDRESS

COD

Amt: \$

C.O.D. FEE: PREPAID ☐ COLLECT ☐ \$

TOTAL CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID ☐ Freight collect when box at right is checked ☐ Check box if charges are to be collect

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

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This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDF SIGNATURE

DATE

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER	Point Blank, Inc. 317/241-1111	
TRANSPORTER #1	INT 1101111111 317/241-1111	
TRANSPORTER #2 (If required)		
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	AMERICAN WASTE SERVICE 11/24/81	
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	ALTERNATE 317-124-1375	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
00		DOX	POINT BLANK, INC.	1713						

SPECIAL HANDLING INSTRUCTIONS

If an RC commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrac 1-800-424-9300 immediately.

COMMENTS

PLACARDS TENDERED

Yes ☐ No ☐

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

REMIT
C.O.D. TO:
ADDRESS

COD

Amt: \$

C.O.D. FEE:
PREPAID ☐
COLLECT ☐TOTAL
CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID
except when box at
right is checked ☐ Check box if charges
are to be collected

*Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

Signature

(Signature of Consignor)

RECEIVED: subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

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CERTIFICATION

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This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDF SIGNATURE

DATE

TSDF COPY

Unloaded at dock 11/24/81 GRM
To 125 K T-63 GRM 11/25/81

001268

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER		General Plating	
TRANSPORTER # 1	401111713	121722	
TRANSPORTER # 2 (if required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	170000001	170000001	4/26/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
1		P001	7-11-11	1711		100				

SPECIAL HANDLING INSTRUCTIONS

If an RC commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED

Yes ☐ No ☐

REMIT C.O.D. TO: ADDRESS

COD

Amt: \$

C.O.D. FEE: PREPAID ☐ COLLECT ☐ \$

TOTAL CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID ☐ except when box at right is checked. Check box if charges are to be collected ☐

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:

\$ per

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDF SIGNATURE

DATE

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

Is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

21

2-416961

IND 000715565

TO: T/S/D/F	FROM: Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
4	Waste Solvents, D.O.S.	FLAMMABLE LIQUID	1/A	F017	2X200	FLAMMABLE LIQUID

PLACARDS REQUIRED	NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____	Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	FREIGHT CHARGES PREPAID <input type="checkbox"/> COLLECT <input checked="" type="checkbox"/>
-------------------	--	---	---

Continental Oil Co?
Continental Cap/Can?

on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of cated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property very at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of oil to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the ation on the date of shipment.

EMERGENCY ONLY	EMERGENCY RESPONSE INFORMATION
	CONTACT Name _____ Phone _____
	National Response Center 1-800-424-8802 in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature	Date 11-19-1973
---------------------	-----------------

TRANSPORTER #1	E.P.A. ID No.
Address	
City	State Zip Phone

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature	Date 11-19-1973
-----------------------------	-----------------

TRANSPORTER #2	E.P.A. ID No.
Address	
City	State Zip Phone

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature	Date
-----------------------------	------

TREATMENT/STORAGE/DISPOSAL/FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D/F Signature	Date
-------------------	------

T/S/D/F COPY

0000351

Form Approved. OMB No. 2050-0039. Expires 9-30-91

[illegible]

Between
Farmco
0018092
and
Fastener Coating
0018090

INA 0316963

001809

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name		4. Generator's Phone () - 457-3131		A. State Manifest Document Number IN 009785	
5. Transporter 1 Company Name		6. US EPA ID Number		B. State Generator's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address		10. US EPA ID Number		D. Transporter's Phone	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
		No. Type		Unit Wt/Vol	
a. HAZARDOUS WASTE		014 DM		00700	
b.					
c.					
Materials Listed Above		K. Handling Codes for Wastes Listed Above			
and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.					
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name		Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.					
Printed/Typed Name		Signature		Month Day Year	

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

17 11242

TO:	FROM:
T/S/D FACILITY	Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
					29920 #	
					RRK.	

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse to the consignor, the consignor shall sign the following statement:

FREIGHT CHARGES

PREPAID COLLECT

☐ ☐

on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of) located above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property very at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself

EMERGENCY ONLY

EMERGENCY RESPONSE INFORMATION

CONTACT Name	
Phone	
National Response Center	1-800-424-8802
	in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY Signature _____ Date _____
This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D F COPY

004112

HAZARDOUS WASTE

HAZARDOUS WASTE

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgment that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

TO: T/S/D FACILITY	FROM: Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the Consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

FREIGHT CHARGES

PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

EMERGENCY RESPONSE INFORMATION

T/S/D FACILITY	CONTACT Name
E.P.A. ID Code No.	Phone
Address	National Response Center 1-800-424-8802
Destination	in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1	E.P.A. ID No.
Address	
City	State Zip Phone

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2	E.P.A. ID No.
Address	
City	State Zip Phone

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____ Date 12/22/83

T/S/D F COPY

004564

006114

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

Is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

11 A-2762

TO:	FROM:
T/S/D FACILITY	Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____	Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse to the carrier, the carrier shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Carrier)	FREIGHT CHARGES PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>
--	--	--

RE per unit or bill Sh are	NEAR America Can	the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all said destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the on the date of shipment. ing terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself
----------------------------	------------------	--

T/S/D	CONTACT Name
E.P.A. ID Code No.	Phone
Address	National Response Center 1-800-424-8802
Destination	in D. C. 424-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature	Date
---------------------	------

TRANSPORTER #1	E.P.A. ID No.
Address	
City	State Zip Phone

Transporter No. 1	This is to certify acceptance of the hazardous waste shipment.
Signature	Date

TRANSPORTER #2	E.P.A. ID No.
Address	
City	State Zip Phone

Transporter No. 2	This is to certify acceptance of the hazardous waste shipment.
Signature	Date

TREATMENT/STORAGE/DISPOSAL FACILITY	This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
Signature	Date

T/S/D F COPY

004116

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

11 A 21224

TO: T/S/D FACILITY <i>Chemical Waste Treatment</i>	FROM: Generator <i>Chemical Waste Treatment</i>
E.P.A. ID Code No. <i>1000000000</i>	E.P.A. ID Code No. <i>1000000000</i>
Address <i>1000000000</i>	Address <i>1000000000</i>
Destination <i>1000000000</i>	Origin <i>1000000000</i>
Phone <i>1000-1000-1000</i>	Phone <i>1000-1000-1000</i>

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat. ID No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	<i>1000000000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>
1	<i>1000000000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>
1	<i>1000000000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>
1	<i>1000000000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>
1	<i>1000000000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>
1	<i>1000000000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>	<i>1000</i>

PLACARDS REQUIRED	NOT	required to state specifically in writing agreed or declared value of the property not exceeding	Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the carrier, the carrier shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Carrier)	FREIGHT CHARGES PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>
-------------------	-----	--	--	--

on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of container above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property) at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all property at said destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself

HAZARDOUS WASTE	EMERGENCY ONLY	EMERGENCY RESPONSE INFORMATION
T/S/D FACILITY <i>Chemical Waste Treatment</i>	CONTACT Name <i>1000000000</i>	Phone <i>1000-1000-1000</i>
E.P.A. ID Code No. <i>1000000000</i>	National Response Center	1-800-424-8802
Address <i>1000000000</i>		in D. C. 426-2675
Destination <i>1000000000</i>		

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature *1000000000* Date *10/1/83*

TRANSPORTER #1 *1000000000* E.P.A. ID No. *1000000000*
Address *1000000000* State *1000* Zip *1000* Phone *1000-1000-1000*
City *1000*

Transporter No. 1 *1000000000* This is to certify acceptance of the hazardous waste shipment.
Signature *1000000000* Date *10/1/83*

TRANSPORTER #2 *1000000000* E.P.A. ID No. *1000000000*
Address *1000000000* State *1000* Zip *1000* Phone *1000-1000-1000*
City *1000*

Transporter No. 2 *1000000000* This is to certify acceptance of the hazardous waste shipment.
Signature *1000000000* Date *10/1/83*

TREATMENT/STORAGE/DISPOSAL FACILITY *1000000000*
T/S/D FACILITY Signature *1000000000* This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.
Date *6-3-83*

T/S/D F COPY

004120

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

N 11551

TO: T/S/D FACILITY	FROM: Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. ID. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	100-100-100-100	1	100-100	100-100	100	1

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse to the carrier, the carrier shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

FREIGHT CHARGES

PREPAID ☐ COLLECT ☐

(Signature of Consignor)

On the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of containers and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself

T/S/D FACILITY E.P.A. ID Code No. Address Destination	EMERGENCY ONLY	EMERGENCY RESPONSE INFORMATION
		CONTACT Name _____ Phone _____
		National Response Center 1-800-424-8802 in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____

Address _____

City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____

Address _____

City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____ Date _____

T/S/D F COPY

004128

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name		A. State Manifest Document Number			IN 089234
4. Generator's Phone		B. State Generator's ID			
5. Transporter 1 Company Name		C. State Transporter's ID			
6. US EPA ID Number		D. Transporter's Phone			
7. Transporter 2 Company Name		E. State Transporter's ID			
8. US EPA ID Number		F. Transporter's Phone			
9. Designated Facility Name and Site Address		G. State Facility's ID			
10. US EPA ID Number		H. Facility's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
		No.	Type		
a.		18	010	144	C
b.		11	010		C
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					
k.					
l.					
m.					
n.					
o.					
p.					
q.					
r.					
s.					
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u.					
v.					
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y.					
z.					
A.					
B.					
C.					
D.					
E.					
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K.					
L.					
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S.					
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W.					
X.					
Y.					
Z.					
AA.					
AB.					
AC.					
AD.					
AE.					
AF.					
AG.					
AH.					
AI.					
AJ.					
AK.					
AL.					
AM.					
AN.					
AO.					
AP.					
AQ.					
AR.					
AS.					
AT.					
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AZ.					
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BB.					
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BE.					
BF.					
BG.					
BH.					
BI.					
BJ.					
BK.					
BL.					
BM.					
BN.					
BO.					
BP.					
BQ.					
BR.					
BS.					
BT.					
BU.					
BV.					
BW.					
BX.					
BY.					
BZ.					
CA.					
CB.					
CC.					
CD.					
CE.					
CF.					
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METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO

100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 202624

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT, AND DISPOSAL RECORD

TYPE OF WASTE		TYPE OF CONTAINER		VOLUME	
<input checked="" type="checkbox"/> 1-LIQUID <input type="checkbox"/> 2-SLUDGE <input type="checkbox"/> 3-SOLID		<input checked="" type="checkbox"/> BULK TANK TRUCK <input type="checkbox"/> 2-DRUMS <input type="checkbox"/> 3-OTHER (SPECIFY)		1-GALS 2-CU. YDS. 3-LBS.	
WASTE CONTAINS:					
<input type="checkbox"/> 01-FATS, OILS OR GREASE		<input type="checkbox"/> 04-CYANIDE		<input type="checkbox"/> 07-COPPER	
<input type="checkbox"/> 02-ACID		<input type="checkbox"/> 05-ZINC		<input type="checkbox"/> 08-CHROME	
<input type="checkbox"/> 03-ALKALI		<input type="checkbox"/> 06-CADMIUM		<input type="checkbox"/> 09-IRON	
<input type="checkbox"/> 10-NICKEL		<input type="checkbox"/> 11-LEAD		<input type="checkbox"/> 12-SELENIUM	
<input type="checkbox"/> 13-MERCURY		<input type="checkbox"/> 14-SOLVENTS		<input type="checkbox"/> 15-PAINT RESIDUE	
<input type="checkbox"/> 16-OTHER (SPECIFY)					
DISPOSAL METHOD					
<input type="checkbox"/> LANDFILL <input type="checkbox"/> DESTRUCTION (SPECIFY) <input checked="" type="checkbox"/> OTHER (SPECIFY)					
NAME OF COMPANY				FEDERAL TAX I.D. NUMBER	
LOCATION				FEDERAL GENERATOR I.D. NUMBER	
TYPE OF INDUSTRY				DATE REMOVED	
				TIME REMOVED	
I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.					
SIGNATURE OF AUTHORIZED AGENT AND TITLE				PHONE	

NAME		FEDERAL TAX I.D. NUMBER	
ADDRESS		DATE RECEIVED	
		TIME RECEIVED	
FEDERAL HAULER I.D. NUMBER		STATE	
		TRUCK LICENSE NO.	
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.			
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE		PHONE	

DISPOSAL SITE	NAME		FEDERAL TAX I.D. NUMBER		
	ADDRESS		DATE RECEIVED		
	FEDERAL DISPOSAL SITE I.D. NUMBER		TIME RECEIVED		
	I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.				
SIGNATURE OF OPERATOR AND TITLE		PERMIT NO.		PHONE	

NOV 1984
Beel Chemical
Company

007627

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

HA 21526

TO:	FROM:
T/S/D FACILITY	Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the carrier, the carrier shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
(Signature of Carrier)

FREIGHT CHARGES

PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY _____
E.P.A. ID Code No. _____
Address _____
Destination _____

EMERGENCY RESPONSE INFORMATION

CONTACT Name _____
Phone _____
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

Transporter No. 1 Signature _____ Date _____
This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

Transporter No. 2 Signature _____ Date _____
This is to certify acceptance of the hazardous waste shipment.

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY Signature _____ Date _____
This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D F COPY

003513

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

A-11543

TO: T/S/D FACILITY	FROM: Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignee)

FREIGHT CHARGES

PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

EMERGENCY RESPONSE INFORMATION

T/S/D FACILITY	CONTACT Name
E.P.A. ID Code No.	Phone
Address	National Response Center 1-800-424-8802
Destination	In D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

Transporter No. 1 Signature _____ This is to certify acceptance of the hazardous waste shipment. Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

Transporter No. 2 Signature _____ This is to certify acceptance of the hazardous waste shipment. Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY Signature _____ This is to certify acceptance of the hazardous waste for treatment, storage, or disposal. Date _____

T/S/D F COPY

003515

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

Is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

17514

TO: T/S/D FACILITY	FROM: Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignee)

FREIGHT CHARGES
PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY
E.P.A. ID Code No.
Address
Destination

EMERGENCY RESPONSE INFORMATION

CONTACT Name
Phone
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY
Signature _____ Date _____

T/S/D F COPY

003517

REV 10/80

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

H-27512

TO: T/S/D FACILITY	FROM: Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse to the carrier, the carrier shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

FREIGHT CHARGES
PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY
E.P.A. ID Code No.
Address
Destination

EMERGENCY RESPONSE INFORMATION

CONTACT Name
Phone
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

Transporter No. 1 Signature _____ Date 7-17-82
This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

Transporter No. 2 Signature _____ Date _____
This is to certify acceptance of the hazardous waste shipment.

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY Signature _____ Date 7/13/82
This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D F COPY

003521

REV. 10-79

HAZARDOUS WASTE MANIFEST

MEMORANDUM

I hereby acknowledge that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

TO:	FROM:
T/S/D FACILITY	Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the carrier, the carrier shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
(Signature of Carrier)

FREIGHT CHARGES
PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)	EMERGENCY RESPONSE INFORMATION
T/S/D FACILITY _____	CONTACT Name _____
E.P.A. ID Code No. _____	Phone _____
Address _____	National Response Center 1-800-424-8802
Destination _____	in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.
Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY
T/S/D FACILITY Signature _____ Date _____
This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D F COPY

7-ELS-0 (6 PLY)
REV 10/80

003525

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

TO:	FROM:
T/S/D FACILITY	Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS ^c	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse as the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES

PREPAID COLLECT

☐

☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

EMERGENCY RESPONSE INFORMATION

T/S/D FACILITY	CONTACT Name
E.P.A. ID Code No.	Phone
Address	National Response Center
Destination	1-800-424-8802 in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1 _____ E.P.A. ID No. _____

Address _____

City _____ State _____ Zip _____ Phone _____

Transporter No. 1 Signature _____ This is to certify acceptance of the hazardous waste shipment. Date _____

Signature _____ Date _____

TRANSPORTER #2 _____ E.P.A. ID No. _____

Address _____

City _____ State _____ Zip _____ Phone _____

Transporter No. 2 Signature _____ This is to certify acceptance of the hazardous waste shipment. Date _____

Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY Signature _____ This is to certify acceptance of the hazardous waste for treatment, storage, or disposal. Date _____

Signature _____ Date _____

T/S/D F COPY

003527

7-BLS-C (6-BLY)
REV 10/80

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

TO: T/S/D FACILITY	FROM: Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES

PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY
E.P.A. ID Code No.
Address
Destination

EMERGENCY RESPONSE INFORMATION

CONTACT Name
Phone
National Response Center 1-800-424-8802 in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature _____ Date _____

TRANSPORTER #1	E.P.A. ID No.
Address	
City	State Zip Phone

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date _____

TRANSPORTER #2	E.P.A. ID No.
Address	
City	State Zip Phone

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature _____ Date 10/14/83

T/S/D F COPY

10/14/83
REV 10/78

004565

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgment that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

TO: T/S/D FACILITY	FROM: Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)

PLA NOTE	Required to state specifically in writing reed or declared value of the property t exceeding	Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. (Signature of Consignee)	FREIGHT CHARGES PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/>
-------------	--	---	--

on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of ed above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property y at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the on on the date of shipment.
ading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself

EMERGENCY ONLY)	EMERGENCY RESPONSE INFORMATION
T/S/D FACILITY	CONTACT Name
E.P.A. ID Code No.	Phone
Address	National Response Center 1-800-424-8802
Destination	in D. C. 426-2675

CERTIFICATION
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature	Date
TRANSPORTER #1	E.P.A. ID No.
Address	
City	State Zip Phone

Transporter No. 1
Signature
This is to certify acceptance of the hazardous waste shipment.
Date

TRANSPORTER #2	E.P.A. ID No.
Address	
City	State Zip Phone

Transporter No. 2
Signature
This is to certify acceptance of the hazardous waste shipment.
Date

TREATMENT/STORAGE/DISPOSAL FACILITY
T/S/D FACILITY Signature
Date

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D F COPY

004558

HAZARDOUS WASTE

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES

HAZARDOUS WASTE MANIFEST FORM
Wisconsin Statutes 144
FORM 4400-66

REV. 6-81

MANIFEST NUMBER
A 255656

See reverse side, Copy 6, for instructions.

Please type or print clearly using ball point pen — press hard.

GENERATOR (SHIPPER) SECTION							
1. COMPANY NAME <i>Appleton Papers, Inc.</i>		2. EPA IDENTIFICATION NO. <i>WID076151121</i>		3. COMMENTS/SPECIAL INSTRUCTIONS			
4. P.O. BOX OR STREET ADDRESS <i>2100 N. PARKWAY RD. BOX 1279</i>							
5. CITY, STATE, ZIP CODE <i>APPLETON WI 54912</i>		6. TELEPHONE NUMBER <i>(414) 734-1970</i>					
7. NUMBER & TYPE OF CONTAINER <i>1 DRUM</i>	8. GALLONS <i>115</i>	9. WASTE NAME <i>FLUOR. LIQ. WASTE</i>		10. US DOT HAZARD CLASS	11. US DOT IDENTIFICATION NUMBER	12. PHYSICAL STATE (Enter number in box) 1. Solid 3. Mixture <input checked="" type="checkbox"/> 2. Liquid	13. US EPA WASTE CODE <i>D 1</i>
						1. Solid 3. Mixture <input type="checkbox"/> 2. Liquid	
						1. Solid 3. Mixture <input type="checkbox"/> 2. Liquid	
This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation and the EPA and the Wis. Department of Natural Resources. I also certify that the information contained herein is true, accurate and complete.				15. AUTHORIZED SIGNATURE <i>[Signature]</i>		16. NAME (Print) <i>MARK L. FERRELL</i>	
						17. DATE SHIPPED M D Y <i>5/22/85</i>	

TRANSPORTER SECTION	
18. COMPANY NAME <i>85</i>	19. EPA IDENTIFICATION NO.
20. P.O. BOX OR STREET ADDRESS <i>below</i>	
21. CITY, STATE, ZIP CODE <i>Appleton</i>	22. TELEPHONE NUMBER <i>() -</i>
23. COMMENTS <i>Papers, Inc.</i> <i>Appleton Mills</i>	
I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.	
24. AUTHORIZED SIGNATURE <i>[Signature]</i>	25. NAME (Print) <i>MARK L. FERRELL</i>
	26. Date Accepted M D Y <i>5/22/85</i>
I hereby certify that the above named materials and indicated quantity(ies) has (have) been accepted in proper condition for transportation and I acknowledge that delivery shall be made to the facility designated as Hazardous Waste Facility.	
27. 2nd. TRANSPORTER COMPANY NAME	28. EPA IDENTIFICATION NO.
29. AUTHORIZED SIGNATURE	30. NAME (Print)
	31. Date Accepted M D Y

HAZARDOUS WASTE FACILITY SECTION			
32. FACILITY NAME		33. EPA IDENTIFICATION NO.	
34. P.O. BOX OR STREET ADDRESS			
35. CITY, STATE, ZIP CODE		36. TELEPHONE NUMBER <i>() -</i>	
37. COMMENTS			
I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.			
38. AUTHORIZED SIGNATURE <i>[Signature]</i>		39. NAME (Print) <i>EDUN FEE</i>	
		40. Date Accepted M D Y <i>5/30/85</i>	
I hereby certify that the above named materials and indicated quantity(ies) has (have) been received and accepted.			
41. ALTERNATE HAZARDOUS WASTE FACILITY NAME		42. EPA IDENTIFICATION NO.	
43. AUTHORIZED SIGNATURE		44. NAME (Print)	
		45. Date Accepted M D Y	
46. MAIL TO: Department of Natural Resources Bureau of Solid Waste Management Box 8094 Madison, Wisconsin 53708		47. Emergency 24 Hour Assistance Telephone Number In Wisconsin (608-266-3232) Outside Wisconsin (800-424-8802)	
FOR DNR USE ONLY			

HAZARDOUS WASTE FACILITY

204R T-50

009935

HAZARDOUS WASTE MANIFEST

711
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER	IND04521004	INDUSTRIAL INSULATING CO. 1000 N. 10TH ST. ST. LOUIS, MO 63101	1-11-83
TRANSPORTER # 1	IND04521004	INDUSTRIAL INSULATING CO.	1-11-83
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY	IND01630265	INDUSTRIAL INSULATING CO. 1000 N. 10TH ST. ST. LOUIS, MO 63101	1/31/83
TSDF TREATMENT STORAGE OR DISPOSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
14 HM	RO3	1000 TON TANK	1145	1/4			711		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

PLACARDS TENDERED

Yes ☒ No ☐

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

REMIT C.O.D. TO: ADDRESS

COD

Amt: \$

C.O.D. FEE: PREPAID ☐ COLLECT ☐ \$

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:

\$ _____ per _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

Signature _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor) _____

TOTAL CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID ☐ Check box if charges are to be collected ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDF SIGNATURE

DATE

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER		SHUTTLE CREDIT CORP. 1111 11th St. N. W. 55401	
TRANSPORTER #1	0001000000	INTERNATIONAL TRANSPORT - TRUCKS 210 9th St. N. W. 55401	
TRANSPORTER #2 (If required)	1170000000	STANDARD OVERSEAS - TRUCKS 1501 S. LEXINGTON AVE. 55405	
TSDT TREATMENT STORAGE OR DISPOSAL FACILITY	1170000000	RAILROAD HAZARDOUS WASTE 210 9th St. N. W. 55401	3/19/82
TSDT TREATMENT STORAGE OR DISPOSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA#	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
3		0001	FLAMMABLE LIQUID	1992						

SPECIAL HANDLING

COMMENTS

On "Collect on Delivery"

REMIT C.O.D. TO: ADDRESS

Note—Where the rate is dep
declared value of the property.
The agreed or declared value
specifically stated by the shipper

\$ per

RECEIVED, su
Bill of Lading, it
and condition
indicated above
as meaning any
to carry to its ut
another carrier

This is to certi
classified, desc
proper conditio
regulations of t
vironmental Pro

GENERATOR SIGNATURE

STYLE F-50 ©

found between
Thermotron
&
Hastings Mfr

1982

If an RO commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED

Yes ☒ No ☐

C.O.D. FEE: PREPAID COLLECT \$

Section 7 of the conditions, if this shipment is to be delivered to consignee without recourse on the consignor, the consignor shall sign the following statement:
Carrier shall not make delivery of this shipment without payment of and all other lawful charges

(Signature of Consignor)

FREIGHT CHARGES

FREIGHT PREPAID except when box is right is checked ☐ Check box if charges are to be correct

CERTIFICATION

To certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE 3/19/82
TRANSPORTER #2 SIGNATURE & DATE (If required)
To certify acceptance of the hazardous waste for treatment, storage or disposal.

SHIPPER SIGNATURE

DATE

5

On dock 3/18/82 GRM TO 210 RT-SO GRM
TSDT COPY 3/19/82

002458

HAZARDOUS WASTE MANIFEST

THIS MEMORANDUM

is an acknowledgement that a bill of lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

MANIFEST DOCUMENT NUMBER

01

INQ 078926029

TO: T/S/D/F	FROM: Generator
E.P.A. ID Code No.	E.P.A. ID Code No.
Address	Address
Destination	Origin
Phone	Phone

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
1	WATER ALUMINATE	14	1443	FA11	100	1
1	WATER ALUMINATE	14	1443	FA11	100	1
1	WATER ALUMINATE	14	1443	FA11	100	1
1	WATER ALUMINATE	14	1443	FA11	100	1
1	WATER ALUMINATE	14	1443	FA11	100	1
1	WATER ALUMINATE	14	1443	FA11	100	1
1	WATER ALUMINATE	14	1443	FA11	100	1
1	WATER ALUMINATE	14	1443	FA11	100	1
1	WATER ALUMINATE	14	1443	FA11	100	1
1	WATER ALUMINATE	14	1443	FA11	100	1

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ Per

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignee, the consignee shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

FREIGHT CHARGES
PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

EMERGENCY RESPONSE INFORMATION

T/S/D/F	CONTACT Name
E.P.A. ID Code No.	Phone
Address	National Response Center 1-800-424-8802
Destination	in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency.

Generator Signature _____ Date _____

TRANSPORTER #1	E.P.A. ID No.
Address	
City	State Zip Phone

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 1 Signature _____ Date 11-26-80

TRANSPORTER #2	E.P.A. ID No.
Address	
City	State Zip Phone

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL/FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D/F Signature _____ Date _____

T/S/D/F COPY

0000350

HAZARDOUS WASTE



METROPOLITAN SANITARY DISTRICT OF GREATER CHICAGO

100 EAST ERIE STREET • CHICAGO, IL 60611

INDUSTRIAL WASTE DIVISION (312) 751-5697

NO. 202625

INDUSTRIAL WASTE/SLUDGE GENERATION, SHIPMENT AND DISPOSAL RECORD

TYPE OF WASTE	<input checked="" type="checkbox"/> 1-LIQUID	<input type="checkbox"/> 2-SLUDGE	<input type="checkbox"/> 3-SOLID	TYPE OF CONTAINER	<input type="checkbox"/> 1-BULK TANK (TRUCK)	<input type="checkbox"/> 2-DRUMS	<input type="checkbox"/> 3-OTHER (SPECIFY)	VOLUME	1-GALS
WASTE CONTAINS:								2-CU. YDS.	3-LBS.
<input type="checkbox"/> 01-FATS, OILS OR GREASE	<input type="checkbox"/> 04-CYANIDE	<input type="checkbox"/> 07-COPPER	<input type="checkbox"/> 10-NICKEL	<input type="checkbox"/> 13-MERCURY					
<input type="checkbox"/> 02-ACID	<input type="checkbox"/> 05-ZINC	<input type="checkbox"/> 08-CHROME	<input type="checkbox"/> 11-LEAD	<input type="checkbox"/> 14-SOLVENTS	<input type="checkbox"/> 16-OTHER (SPECIFY)				
<input type="checkbox"/> 03-ALKALI	<input type="checkbox"/> 06-CADMIUM	<input type="checkbox"/> 09-IRON	<input type="checkbox"/> 12-SELENIUM	<input checked="" type="checkbox"/> 15-PAINT RESIDUE					
DISPOSAL METHOD	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> DESTRUCTION (SPECIFY)	<input checked="" type="checkbox"/> OTHER (SPECIFY) SPECIAL						
NAME OF COMPANY				FEDERAL TAX I. D. NUMBER					
LOCATION				FEDERAL GENERATOR I. D. NUMBER					
TYPE OF INDUSTRY				DATE REMOVED		TIME REMOVED			
I certify that the described waste, in the designated volume, was removed from this location by the contractor named below for legal disposal.									
SIGNATURE OF AUTHORIZED AGENT AND TITLE								PHONE	

NAME		FEDERAL TAX I. D. NUMBER	
ADDRESS		DATE RECEIVED	TIME RECEIVED
FEDERAL HAULER I. D. NUMBER	STATE	TRUCK LICENSE NO.	
I certify that the described waste, in the designated volume, was removed from the above location and delivered to the disposal site designated below.			
SIGNATURE OF CONTRACTOR'S AGENT AND TITLE		PHONE	

DISPOSAL SITE	NAME		FEDERAL TAX I. D. NUMBER	
	ADDRESS		FEDERAL DISPOSAL SITE I. D. NUMBER	DATE RECEIVED
	I certify that the above named contractor delivered the described waste, in the designated volume to this facility and same was received for lawful disposition as designated.		TIME RECEIVED	
	SIGNATURE OF OPERATOR AND TITLE		PERMIT NO.	PHONE

NON
SITE'S COPY
BEE CHEMICAL
1984

007651

FACILITY

Hold T63

010777

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER	IN 12088 774	GOULD VINCENNA IN 12088 774	11-23-81
TRANSPORTER # 1	IND 7391146	IND 7391146 317-554 7205	11-23-81
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DIS- POSAL FACILITY	IND 16300	265-1100 1100 1100 1100	11-23-81
TSDF TREATMENT STORAGE OR DIS- POSAL FACILITY		ALTERNATE 1100	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
82			FLAMMABLE LIQUID	1193						

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

PLACARDS TENDERED

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

Yes ☐ No ☐REMIT
C.O.D. TO:
ADDRESS

COD

Amt: \$

C.O.D. FEE:
PREPAID ☐
COLLECT ☐ \$

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:

\$ per

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight."

Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

TOTAL CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collected ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDF SIGNATURE

DATE

DO NOT WRITE IN THIS SPACE

Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of Information in the shaded areas is not required by Federal law	
3. Generator's Name COIT ALLEN CO. INC. FRYSHIP				A. State Manifest Document Number IN034026			
4. Generator's Phone (214) 421-5150				B. State Generator's ID			
5. Transporter 1 Company Name ADRIAN INC. LOCATED IN FRYSHIP				C. State Transporter's ID			
6. US EPA ID Number				D. Transporter's Phone (214) 421-5151			
7. Transporter 2 Company Name				E. State Transporter's ID			
8. US EPA ID Number				F. Transporter's Phone			
9. Designated Facility Name and Site Address COIT ALLEN CO. INC. 1001 COLONY AVE. SUITE 700 FRYSHIP TX 77591				G. State Facility's ID			
10. US EPA ID Number				H. Facility's Phone (214) 421-4370			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	14. Unit Wt/Vol
				No.	Type		
a. FLAMMABLE LIQUID, N.O.S.				1	DR	1	200L
b.							
c.							
<div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Between Bataavia Coatings # Barrett Varnish 011401</p> </div>				K. Handling Codes for Wastes Listed Above			
<p>Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.</p>							
Printed/Typed Name				Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials						Date	
Printed/Typed Name				Signature R. B. D. T. W. H. V. L. M. T.		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials						Date	
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.							
Printed/Typed Name				Signature		Month Day Year	

UHWM 2/LP2

12570176200

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name H.C. Williams Paint Shop 177 Kent St. Ellettsville, IN 47205		3 INDR 111274271		A. State Manifest Document Number IN 085228	
4. Generator's Phone (317) 264-2124		6. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name		7. Transporter 2 Company Name		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
				217-241-4370	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
		No.	Type		
a. 1577 Flammable Liquid		11	Dr.	1500 gal	1002
b.					
Between Rock Island Argus					
Richard Ruch					
011918					
15. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.					
Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name		Signature		Month Day Year	
T. Williams		T. Williams		11/17/16	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
Leonard H. Strand		Leonard H. Strand		11/21/16	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.					
Printed/Typed Name		Signature		Month Day Year	
Harold F. Schmitt		Harold F. Schmitt		11/30/16	

IN 085228

011918

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address						A. State Manifest Document Number							
4. Generator's Phone ()						B. State Generator's ID							
5. Transporter 1 Company Name			6. US EPA ID Number			C. State Transporter's ID							
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone							
9. Designated Facility Name and Site Address			10. US EPA ID Number			E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID							
						H. Facility's Phone							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
						No. Type							
a. HAZARDOUS WASTE						3 DR		165		G1		D001	
b. X WASTE PAINT RELATED MATERIAL FLAMMABLE LIQUID NA1263						3 DR		165		G1		D001	
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
188 Probably Dumbor Furniture between Dumbor Furn. & Dream Parks													
L. Additional Information													
I hereby declare that the contents of this consignment are fully and accurately described above by proper name, quantity, and hazard classification, and are in all respects in proper condition for transport by highway in accordance with applicable federal, state, and national governmental regulations.													
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature				Date			
Printed/Typed Name						Signature				Month Day Year			
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature				Date			
Printed/Typed Name						Signature				Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature				Date			
										Month Day Year			

0.10250

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No.	Manifest Document No.	22. Page	Information in the shaded areas is not required by Federal law	
23. Generator's Name <i>Delaware State Police</i>		24. US EPA ID Number <i>EP 000000000000000000</i>		L. State Manifest Document Number <i>2</i>		
24. Transporter Company Name <i>STANDARD TRUCKING</i>		25. US EPA ID Number <i>EP 000000000000000000</i>		M. State Generator's ID <i>000000000000000000</i>		
26. Transporter Company Name <i>STANDARD TRUCKING</i>		27. US EPA ID Number <i>EP 000000000000000000</i>		N. State Transporter's ID <i>000000000000000000</i>		
28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <i>Waste Methylene Chloride</i>		29. Containers No. Type <i>01 D 111</i>		O. Transporter's Phone <i>385-6140</i>		
b.		30. Total Quantity <i>100 lb</i>		P. State Transporter's ID <i>000000000000000000</i>		
c.		31. Unit <i>lb</i>		Q. Transporter's Phone <i>385-6140</i>		
d.		32. R. Waste No. <i>F-81</i>				
e.						
f.						
g.						
h.						
i.						
S. Additional Descriptions for Materials Listed Above		T. Handling Codes for Wastes Listed Above				
Special Handling Instructions and Additional Information						
33. Transporter Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name <i>John A. Smith</i>		Signature <i>John A. Smith</i>		Month Day Year <i>11 11 81</i>		
34. Transporter Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year <i>11 11 81</i>		
35. Discrepancy Indication Space						

Manifest Document No. 0126150

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

A. State Manifest Document Number: 0126150

B. State Generator ID Number: 0031800538

C. State Transporter ID Number: 1875

D. Transporter's Phone Number: 414-458-6030

E. State Transporter's ID Number: 0180890002

F. Transporter's Phone Number: 312-225-4320

G. State Facility's ID Number: 0180890002

H. Facility's Phone Number: 312-225-4320

12. Containers	13. Total Quantity	14. Unit	Waste No.
No. Type	Quantity	Unit	Waste No.
6 DM	300	WT/Vol.	001

K. Handling Codes for Wastes Listed Above

Signature: Mark W. [Signature]

Date: 03/17/88

Signature: [Signature]

Date: 03/17/88

Signature: [Signature]

Date: 03/17/88

COVERED BY THIS MANIFEST EXCEPT AS NOTED ITEM 19.

Signature: [Signature]

Date: 03/17/88

MAIL TO GENERATOR

1) GENERATOR MAIL TO GENERATOR STATE

2) TSD MAIL TO TSD STATE

3) OUT OF STATE GENERATOR/TSD MAIL TO IDEM

PAGE 5 (light blue) TSD COPY

PAGE 6 (canary) GENERATOR COPY

PAGE 7 (white) TRANSPORTER 1 COPY

PAGE 8 (white) TRANSPORTER 2 COPY

Manifest Document No. 0200926

Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.

A. State Manifest Document Number: 0200926

B. State Generator ID Number: 0031800538

C. State Transporter ID Number: 1875

D. Transporter's Phone Number: 414-458-6030

E. State Transporter's ID Number: 0180890002

F. Transporter's Phone Number: 312-225-4320

G. State Facility's ID Number: 0180890002

H. Facility's Phone Number: 312-225-4320

12. Containers	13. Total Quantity	14. Unit	Waste No.
No. Type	Quantity	Unit	Waste No.
6 DM	300	WT/Vol.	001

K. Handling Codes for Wastes Listed Above

Signature: [Signature]

Date: 03/17/88

Signature: [Signature]

Date: 03/17/88

Signature: [Signature]

Date: 03/17/88

COVERED BY THIS MANIFEST EXCEPT AS NOTED ITEM 19.

Signature: [Signature]

Date: 03/17/88

MAIL TO GENERATOR

1) GENERATOR MAIL TO GENERATOR STATE

2) TSD MAIL TO TSD STATE

3) OUT OF STATE GENERATOR/TSD MAIL TO IDEM

PAGE 5 (light blue) TSD COPY

PAGE 6 (canary) GENERATOR COPY

PAGE 7 (white) TRANSPORTER 1 COPY

PAGE 8 (white) TRANSPORTER 2 COPY

AMERICAN NAMEPLATE

BETW- AM. NAMEPLATE & ANDY'S BODY SHOP

INA 0200926

014437-



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT
P.O. Box 7035
Indianapolis, IN 46207-7035

PLEASE PRINT OR TYPE

(Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas is
not required by Federal law, but
items D, F, H and I are required by
State law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

INA 0270073

B. State Generator's ID

4. Generator's Phone ()

C. State Transporter's ID

5. Transporter 1 Company Name

6. Use EPA ID Number

D. Transporter's Phone

7. Transporter 2 Company Name

8. Use EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. Use EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total
Quantity

14. Unit
Wt/Vol.

I. Waste No.

a. 119-70 5th Street, Indianapolis, IN 46202
Hazardous Waste

114 200 0.200 G D001

b.
c.
d.
J. Additional Information
DANGER
CORROSIVE

K. Handling Codes for Wastes Listed Above

G - GALLONS

15. Special Handling

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

LARRY THOMPSON

Signature

Larry Thompson

Month Day Year
1 25 89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JEFFREY L STANDER

Signature

Jeffrey L Stander

Month Day Year
1 25 89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year
1 25 89

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.

Printed/Typed Name

HAROLD F. PHILIP

Signature

Harold F. Philip

Month Day Year
1 25 89

INA 0270073

In case of a spill call the Indiana Office of Environmental Response at 317/241-4336 (day or night) and the National Response Center at 800/424-8802 or 202/426-2675.

HAZARDOUS WASTE MANIFEST

MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

GENERATOR/SHIPPER	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
found in with Crown Cork & Seal Co., Inc. illegible	INT 1	11-1-65	
TRANSPORTER # 1			
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DIS- POSAL FACILITY			9.83
TSDF TREATMENT STORAGE OR DIS- POSAL FACILITY			

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)
10		F	Flammable Liquid	117		73°F	500	200		

SPECIAL HANDLING INSTRUCTIONS

If an RQ commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

On "Collect on Delivery" shipments, the

consignee's name or as otherwise provided in Item 430, Sec. 1

PLACARDS TENDERED

Yes ☒ No ☐REMIT
C.O.D. TO:
ADDRESS

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:

\$ _____ per _____

RECEIVED, subject to the classification Bill of Lading, the property described and condition of contents of package indicated above which said carrier (the as meaning any person or corporation) to carry to its usual place of delivery at another carrier on the route to said destination.

between
American Chemical source
Industrial
Enclosure
1982

COD

Amt: \$

C.O.D. FEE:
PREPAID ☐
COLLECT ☐TOTAL
CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID except when box at right is checked ☐ Check box if charges are to be collectin two parts by
quires that the
whether it is

Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

issue of this
d (contents
destined as
his contract
act) agrees
to deliver to
rier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

GENERATOR'S SIGNATURE

DATE

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (If required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal

TSDF SIGNATURE

DATE

HAZARDOUS WASTE MANIFEST

00001
MANIFEST DOCUMENT NUMBER

SHIPPER NUMBER

NAME OF CARRIER

(SCAC)

CARRIER NUMBER

IDENTIFICATION

	12 DIGIT EPA ID #	COMPANY NAME, MAILING ADDRESS, AND TELEPHONE NUMBER	DATE SHIPPED OR RECEIVED
GENERATOR/SHIPPER			
TRANSPORTER # 1			
TRANSPORTER # 2 (If required)			
TSDF TREATMENT STORAGE OR DIS- POSAL FACILITY			
TSDF TREATMENT STORAGE OR DIS- POSAL FACILITY		ALTERNATE	

WASTE INFORMATION

NO. OF UNITS & CONTAINER TYPE	HM	EPA HAZ. WASTE ID #	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name, Class and Identification Number per 172.101, 172.202, 172.203)	UN # or NA #	EXEMPTION OR NO LABELS REQUIRED	FLASH POINT (IN °C) WHEN REQ'D	UNITS WT/VOL	TOTAL QUANTITY	RATE	CHARGES (For Carrier Use Only)

SPECIAL HANDLING INSTRUCTIONS

If an RC commodity is spilled on a waterway or adjoining land, the incident must be promptly reported to the Federal government at 1-800-424-8802 (toll free) or 202-426-2675 (toll call). If other DOT Hazardous Materials are discharged creating a serious situation, call shipper's telephone number or Chemtrec 1-800-424-9300 immediately.

COMMENTS

PLACARDS TENDERED

Yes ☐ No ☐

On "Collect on Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in Item 430, Sec. 1

REMIT
C.O.D. TO:
ADDRESS

COD

Amt: \$

C.O.D. FEE:
PREPAID ☐
COLLECT ☐ \$TOTAL
CHARGES: \$

FREIGHT CHARGES

FREIGHT PREPAID
except when box at
right is checked ☐ Check box if charges
are to be
correct

Note—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

Signature

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

(Signature of Consignor)

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or

any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CERTIFICATION

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the U.S. Environmental Protection Agency

This is to certify acceptance of the hazardous waste shipment.

TRANSPORTER #1 SIGNATURE & DATE

TRANSPORTER #2 SIGNATURE & DATE (if required)

This is to certify acceptance of the hazardous waste for treatment, storage or disposal.

GENERATOR'S SIGNATURE

DATE

TSDF SIGNATURE

DATE

ypewriter.)		Form Approved. OMB No. 2530-0062.	
Manifest Document No.		2. Page 1 of 1	
A. State Manifest Document Number		Information in the shaded areas is not required by Federal law, but items D, F, H and I are required by State law.	
INA 0126150			
B. State Generator's ID Number		0516005584	
C. State Transporter's ID Number		1875	
D. Transporter's Phone Number		219-462-4131	
E. State Transporter's ID Number			
F. Transporter's Phone Number			
G. State Facility's ID Number		9180890002	
H. Facility's Phone Number		312-925-3201	
12. Containers		13. Total Quantity Shipped	14. Unit
No.	Type	WT/VOL	Waste No.
6	DM	300	000
K. Handling Codes for Wastes Listed Above			

consignment are fully and accurately described above by _____
_____ in proper condition for transport by highway

to reduce the volume and toxicity of waste generated to the degree I have practiced method of treatment, storage, or disposal currently available to me in my environment; OR, if I am a small quantity generator, I have made a good faith effort to reduce the volume and toxicity of waste generated to the degree I have practiced method of treatment, storage, or disposal currently available to me and that I can afford.

environment, the payment method that is available to me and that I can afford.

Signature: Robert H. Marks Date: 03 / 17 / 88

Signature _____ Date _____
Month _____ Day _____ Year _____

Signature _____ Date
Month Day Year

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-10-2001 BY 60322 UCBAW/SJS

$\frac{d}{dt} \left(\frac{1}{2} m v^2 \right) = \frac{d}{dt} \left(\frac{1}{2} m \dot{r}^2 \right) = m \dot{r} \ddot{r}$

verified by this manifest except as noted item 19.

Signature [Signature] Month 10 Day 31 Year 84

MAIL TO GENERATOR
GENERATOR MAIL TO GENERATOR STATE
TO TSD MAIL TO TSD STATE
OUT OF STATE GENERATOR/TSD MAIL TO IDEM

PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1 COPY
PAGE 8 (white) TRANSPORTER 2 COPY

U.S. EPA ID No. 60.439965		Document No. 000-006		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but items D, E, H and I are required by State law.	
A. State Manifest Document Number INA 0200926		B. State Generator's ID 08783751		C. State Transporter's ID N11D-982279529		D. Transporter's Phone 414-458-8630	
E. State Transporter's ID 08783751		F. Transporter's Phone 414-458-8630		G. State Facility's ID 08783751		H. Facility's Phone 414-458-8630	
I. State Facility's ID 08783751		J. Facility's Phone 414-458-8630		K. State Facility's ID 08783751		L. Facility's Phone 414-458-8630	
M. State Facility's ID 08783751		N. Facility's Phone 414-458-8630		O. State Facility's ID 08783751		P. Facility's Phone 414-458-8630	
Q. State Facility's ID 08783751		R. Facility's Phone 414-458-8630		S. State Facility's ID 08783751		T. Facility's Phone 414-458-8630	
U. State Facility's ID 08783751		V. Facility's Phone 414-458-8630		W. State Facility's ID 08783751		X. Facility's Phone 414-458-8630	
Y. State Facility's ID 08783751		Z. Facility's Phone 414-458-8630		AA. State Facility's ID 08783751		AB. Facility's Phone 414-458-8630	
AC. State Facility's ID 08783751		AD. Facility's Phone 414-458-8630		AE. State Facility's ID 08783751		AF. Facility's Phone 414-458-8630	
AG. State Facility's ID 08783751		AH. Facility's Phone 414-458-8630		AI. State Facility's ID 08783751		AJ. Facility's Phone 414-458-8630	
AK. State Facility's ID 08783751		AL. Facility's Phone 414-458-8630		AM. State Facility's ID 08783751		AN. Facility's Phone 414-458-8630	
AO. State Facility's ID 08783751		AP. Facility's Phone 414-458-8630		AQ. State Facility's ID 08783751		AR. Facility's Phone 414-458-8630	
AS. State Facility's ID 08783751		AT. Facility's Phone 414-458-8630		AU. State Facility's ID 08783751		AV. Facility's Phone 414-458-8630	
AW. State Facility's ID 08783751		AX. Facility's Phone 414-458-8630		AY. State Facility's ID 08783751		AZ. Facility's Phone 414-458-8630	
BA. State Facility's ID 08783751		BB. Facility's Phone 414-458-8630		BC. State Facility's ID 08783751		BD. Facility's Phone 414-458-8630	
BE. State Facility's ID 08783751		BF. Facility's Phone 414-458-8630		BG. State Facility's ID 08783751		BH. Facility's Phone 414-458-8630	
BI. State Facility's ID 08783751		BJ. Facility's Phone 414-458-8630		BK. State Facility's ID 08783751		BL. Facility's Phone 414-458-8630	
BM. State Facility's ID 08783751		BN. Facility's Phone 414-458-8630		BO. State Facility's ID 08783751		BP. Facility's Phone 414-458-8630	
BQ. State Facility's ID 08783751		BR. Facility's Phone 414-458-8630		BS. State Facility's ID 08783751		BT. Facility's Phone 414-458-8630	
BU. State Facility's ID 08783751		BV. Facility's Phone 414-458-8630		BW. State Facility's ID 08783751		BX. Facility's Phone 414-458-8630	
BY. State Facility's ID 08783751		BZ. Facility's Phone 414-458-8630		CA. State Facility's ID 08783751		CB. Facility's Phone 414-458-8630	
CC. State Facility's ID 08783751		CD. Facility's Phone 414-458-8630		CE. State Facility's ID 08783751		CF. Facility's Phone 414-458-8630	
CG. State Facility's ID 08783751		CH. Facility's Phone 414-458-8630		CI. State Facility's ID 08783751		CJ. Facility's Phone 414-458-8630	
CK. State Facility's ID 08783751		CL. Facility's Phone 414-458-8630		CM. State Facility's ID 08783751		CN. Facility's Phone 414-458-8630	
CO. State Facility's ID 08783751		CP. Facility's Phone 414-458-8630		CQ. State Facility's ID 08783751		CR. Facility's Phone 414-458-8630	
CS. State Facility's ID 08783751		CT. Facility's Phone 414-458-8630		CU. State Facility's ID 08783751		CV. Facility's Phone 414-458-8630	
CW. State Facility's ID 08783751		CX. Facility's Phone 414-458-8630		CY. State Facility's ID 08783751		CZ. Facility's Phone 414-458-8630	
DA. State Facility's ID 08783751		DB. Facility's Phone 414-458-8630		DD. State Facility's ID 08783751		DE. Facility's Phone 414-458-8630	
DF. State Facility's ID 08783751		DG. Facility's Phone 414-458-8630		DH. State Facility's ID 08783751		DI. Facility's Phone 414-458-8630	
DJ. State Facility's ID 08783751		DK. Facility's Phone 414-458-8630		DL. State Facility's ID 08783751		DM. Facility's Phone 414-458-8630	
DN. State Facility's ID 08783751		DO. Facility's Phone 414-458-8630		DP. State Facility's ID 08783751		DQ. Facility's Phone 414-458-8630	
DR. State Facility's ID 08783751		DS. Facility's Phone 414-458-8630		DT. State Facility's ID 08783751		DU. Facility's Phone 414-458-8630	
DV. State Facility's ID 08783751		DW. Facility's Phone 414-458-8630		DX. State Facility's ID 08783751		DY. Facility's Phone 414-458-8630	
EA. State Facility's ID 08783751		EB. Facility's Phone 414-458-8630		EC. State Facility's ID 08783751		ED. Facility's Phone 414-458-8630	
EE. State Facility's ID 08783751		EF. Facility's Phone 414-458-8630		EG. State Facility's ID 08783751		EH. Facility's Phone 414-458-8630	
EI. State Facility's ID 08783751		EJ. Facility's Phone 414-458-8630		EK. State Facility's ID 08783751		EL. Facility's Phone 414-458-8630	
EM. State Facility's ID							

1d
The following information is being provided for the following codes for wastes listed above

88

Am. Nameplate

8 Andy's Body
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regulations. 1986-1987-1988-1989-1990-1991-1992-1993-1994-1995-1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-

MA ram in place to reduce the volume and toxicity of waste generated to the degree I have selected the practicable method of treatment, storage, or disposal currently available to me, and the environment; OR, if I am a small quantity generator, I have made a good faith management method that is available to me and that I can afford.

Signature	Date
<i>[Signature]</i>	Month Day Year

12	Signature _____		Date _____
	_____		_____

[illegible]

50	Signature	Date
	Month	Day Year

STATE OF TEXAS, COUNTY OF DALLAS, ss. I, the undersigned, a Notary Public in and for the State of Texas, do hereby certify that the foregoing is a true and correct copy of the original as the same appears from the records of said County.

1. Informal telephone call to "Tom" (last name redacted) on 11/11/11, 11/12/11, 11/13/11, 11/14/11, 11/15/11, 11/16/11, 11/17/11, 11/18/11, 11/19/11, 11/20/11, 11/21/11, 11/22/11, 11/23/11, 11/24/11, 11/25/11, 11/26/11, 11/27/11, 11/28/11, 11/29/11, 11/30/11, 12/1/11, 12/2/11, 12/3/11, 12/4/11, 12/5/11, 12/6/11, 12/7/11, 12/8/11, 12/9/11, 12/10/11, 12/11/11, 12/12/11, 12/13/11, 12/14/11, 12/15/11, 12/16/11, 12/17/11, 12/18/11, 12/19/11, 12/20/11, 12/21/11, 12/22/11, 12/23/11, 12/24/11, 12/25/11, 12/26/11, 12/27/11, 12/28/11, 12/29/11, 12/30/11, 12/31/11, 1/1/12, 1/2/12, 1/3/12, 1/4/12, 1/5/12, 1/6/12, 1/7/12, 1/8/12, 1/9/12, 1/10/12, 1/11/12, 1/12/12, 1/13/12, 1/14/12, 1/15/12, 1/16/12, 1/17/12, 1/18/12, 1/19/12, 1/20/12, 1/21/12, 1/22/12, 1/23/12, 1/24/12, 1/25/12, 1/26/12, 1/27/12, 1/28/12, 1/29/12, 1/30/12, 1/31/12, 2/1/12, 2/2/12, 2/3/12, 2/4/12, 2/5/12, 2/6/12, 2/7/12, 2/8/12, 2/9/12, 2/10/12, 2/11/12, 2/12/12, 2/13/12, 2/14/12, 2/15/12, 2/16/12, 2/17/12, 2/18/12, 2/19/12, 2/20/12, 2/21/12, 2/22/12, 2/23/12, 2/24/12, 2/25/12, 2/26/12, 2/27/12, 2/28/12, 2/29/12, 2/30/12, 3/1/12, 3/2/12, 3/3/12, 3/4/12, 3/5/12, 3/6/12, 3/7/12, 3/8/12, 3/9/12, 3/10/12, 3/11/12, 3/12/12, 3/13/12, 3/14/12, 3/15/12, 3/16/12, 3/17/12, 3/18/12, 3/19/12, 3/20/12, 3/21/12, 3/22/12, 3/23/12, 3/24/12, 3/25/12, 3/26/12, 3/27/12, 3/28/12, 3/29/12, 3/30/12, 3/31/12, 4/1/12, 4/2/12, 4/3/12, 4/4/12, 4/5/12, 4/6/12, 4/7/12, 4/8/12, 4/9/12, 4/10/12, 4/11/12, 4/12/12, 4/13/12, 4/14/12, 4/15/12, 4/16/12, 4/17/12, 4/18/12, 4/19/12, 4/20/12, 4/21/12, 4/22/12, 4/23/12, 4/24/12, 4/25/12, 4/26/12, 4/27/12, 4/28/12, 4/29/12, 4/30/12, 5/1/12, 5/2/12, 5/3/12, 5/4/12, 5/5/12, 5/6/12, 5/7/12, 5/8/12, 5/9/12, 5/10/12, 5/11/12, 5/12/12, 5/13/12, 5/14/12, 5/15/12, 5/16/12, 5/17/12, 5/18/12, 5/19/12, 5/20/12, 5/21/12, 5/22/12, 5/23/12, 5/24/12, 5/25/12, 5/26/12, 5/27/12, 5/28/12, 5/29/12, 5/30/12, 5/31/12, 6/1/12, 6/2/12, 6/3/12, 6/4/12, 6/5/12, 6/6/12, 6/7/12, 6/8/12, 6/9/12, 6/10/12, 6/11/12, 6/12/12, 6/13/12, 6/14/12, 6/15/12, 6/16/12, 6/17/12, 6/18/12, 6/19/12, 6/20/12, 6/21/12, 6/22/12, 6/23/12, 6/24/12, 6/25/12, 6/26/12, 6/27/12, 6/28/12, 6/29/12, 6/30/12, 7/1/12, 7/2/12, 7/3/12, 7/4/12, 7/5/12, 7/6/12, 7/7/12, 7/8/12, 7/9/12, 7/10/12, 7/11/12, 7/12/12, 7/13/12, 7/14/12, 7/15/12, 7/16/12, 7/17/12, 7/18/12, 7/19/12, 7/20/12, 7/21/12, 7/22/12, 7/23/12, 7/24/12, 7/25/12, 7/26/12, 7/27/12, 7/28/12, 7/29/12, 7/30/12, 7/31/12, 8/1/12, 8/2/12, 8/3/12, 8/4/12, 8/5/12, 8/6/12, 8/7/12, 8/8/12, 8/9/12, 8/10/12, 8/11/12, 8/12/12, 8/13/12, 8/14/12, 8/15/12, 8/16/12, 8/17/12, 8/18/12, 8/19/12, 8/20/12, 8/21/12, 8/22/12, 8/23/12, 8/24/12, 8/25/12, 8/26/12, 8/27/12, 8/28/12, 8/29/12, 8/30/12, 8/31/12, 9/1/12, 9/2/12, 9/3/12, 9/4/12, 9/5/12, 9/6/12, 9/7/12, 9/8/12, 9/9/12, 9/10/12, 9/11/12, 9/12/12, 9/13/12, 9/14/12, 9/15/12, 9/16/12, 9/17/12, 9/18/12, 9/19/12, 9/20/12, 9/21/12, 9/22/12, 9/23/12, 9/24/12, 9/25/12, 9/26/12, 9/27/12, 9/28/12, 9/29/12, 9/30/12, 10/1/12, 10/2/12, 10/3/12, 10/4/12, 10/5/12, 10/6/12, 10/7/12, 10/8/12, 10/9/12, 10/10/12, 10/11/12, 10/12/12, 10/13/12, 10/14/12, 10/15/12, 10/16/12, 10/17/12, 10/18/12, 10/19/12, 10/20/12, 10/21/12, 10/22/12, 10/23/12, 10/24/12, 10/25/12, 10/26/12, 10/27/12, 10/28/12, 10/29/12, 10/30/12, 10/31/12, 11/1/12, 11/2/12, 11/3/12, 11/4/12, 11/5/12, 11/6/12, 11/7/12, 11/8/12, 11/9/12, 11/10/12, 11/11/12, 11/12/12, 11/13/12, 11/14/12, 11/15/12, 11/16/12, 11/17/12, 11/18/12, 11/19/12, 11/20/12, 11/21/12, 11/22/12, 11/23/12, 11/24/12, 11/25/12, 11/26/12, 11/27/12, 11/28/12, 11/29/12, 11/30/12, 12/1/12, 12/2/12, 12/3/12, 12/4/12, 12/5/12, 12/6/12, 12/7/12, 12/8/12, 12/9/12, 12/10/12, 12/11/12, 12/12/12, 12/13/12, 12/14/12, 12/15/12, 12/16/12, 12/17/12, 12/18/12, 12/19/12, 12/20/12, 12/21/12, 12/22/12, 12/23/12, 12/24/12, 12/25/12, 12/26/12, 12/27/12, 12/28/12, 12/29/12, 12/30/12, 12/31/12, 1/1/13, 1/2/13, 1/3/13, 1/4/13, 1/5/13, 1/6/13, 1/7/13, 1/8/13, 1/9/13, 1/10/13, 1/11/13, 1/12/13, 1/13/13, 1/14/13, 1/15/13, 1/16/13, 1/17/13, 1/18/13, 1/19/13, 1/20/13, 1/21/13, 1/22/13, 1/23/13, 1/24/13, 1/25/13, 1/26/13, 1/27/13, 1/28/13, 1/29/13, 1/30/13, 1/31/13, 2/1/13, 2/2/13, 2/

als covered by this manifest except as noted Item 19.
Signature: _____

COPY
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rod) GENERATOR MAIL TO GENERATOR STATE
reen) TSD MAIL TO TSD STATE
nk) OUT OF STATE GENERATOR/TSD MAIL TO IDEM

PAGE 5 (light blue) TSD COPY
PAGE 6 (canary) GENERATOR COPY
PAGE 7 (white) TRANSPORTER 1
PAGE 8 (white) TRANSPORTER 2

01443

Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name		6. US EPA ID Number		A. State Manifest Document Number IN 085260	
4. Generator's Phone ()		7. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name		8. US EPA ID Number		C. State Transporter's ID	
7. Transporter 2 Company Name		9. US EPA ID Number		D. Transporter's Phone	
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
		No.	Type		
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Division of Land Pollution Control - Manifest
Indiana State Board of Health
P.O. Box 7035
Indianapolis, IN 46207-7035

DO NOT WRITE IN THIS SPACE

Please print or type. (Form designed for use on elite (12-pitch) typewriter)

Form Approved OMB No. 2000 0404 Expires 7 31 86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name		A. State Manifest Document Number IN 029077			B. State Generator's ID
4. Generator's Phone () - -		C. State Transporter's ID			D. Transporter's Phone
5. Transporter 1 Company Name		6. US EPA ID Number			E. State Transporter's ID
7. Transporter 2 Company Name		8. US EPA ID Number			F. Transporter's Phone
9. Designated Facility Name and Site Address		10. US EPA ID Number			G. State Facility's ID
					H. Facility's Phone
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
		No.	Type		
a.					
b.					
c.					
d.					
Materials Listed Above		K. Handling Codes for Wastes Listed Above			
Additional Information					
I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are labeled, and are in all respects in proper condition for transport by highway according to applicable international and national regulations.					
I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name		Signature		Month	Day Year
Joe Kooinga		Joe Kooinga		11	13 1987
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month	Day Year
Printed/Typed Name		Signature		Month	Day Year
Joe Kooinga		Joe Kooinga		11	13 1987
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month	Day Year
Printed/Typed Name		Signature		Month	Day Year
19. Discrepancy Indication Space		Signature		Month	Day Year
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted Item 19.		Signature		Month	Day Year
Printed/Typed Name		Signature		Month	Day Year
F. L. UNFEE		F. L. UNFEE		11	13 1987

EPA Form 8700-22A (Rev. 11-85)

T.S.D. DETACH AND RETAIN THIS COPY

UHW 2/LP2

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